

Case Number:	CM13-0066430		
Date Assigned:	01/03/2014	Date of Injury:	09/07/2012
Decision Date:	04/17/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

██████████ is a 49-year-old woman who sustained a work related injury on July 31, 2011. She subsequently developed with chronic back pain. She underwent surgery without improvement of the pain. She was diagnosed with lumbar degenerative disease, lumbar radiculopathy and myofascial pain. She had a magnetic resonance imaging (MRI) on September 15, 2011, which demonstrated the fusion at L4-L5 and L5- S1 without evidence of central spinal canal stenosis. She was treated with the pain medications, physical therapy acupuncture, epidural injections and transcutaneous electrical nerve stimulation (TENS) unit. According to the note dated on October 31, 2013, the patient was complaining of chronic back pain. Her physical examination demonstrated lumbar tenderness with reduced range of motion. She was treated with tramadol and naproxen Neurontin and Prilosec. The patient was tried on TENS which was helpful. However there is no objective quantification of its effect.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, transcutaneous electrical nerve stimulation (TENS) is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. It could be recommended as an option for acute post operative pain in the first 30 days after surgery. The patient was previously tried on TENS, however there is no recent objective documentation of functional improvement or pain reduction. There is no clear justification of of continuous use of TENS. Therefore, the request of TENS unit is not medically necessary.